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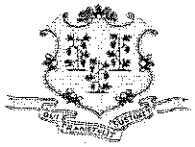

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Testimony by Jamey Bell, Acting Child Advocate
In Support of
Senate Bill 652: An Act Concerning Referrals from the Department of Children and Families to the Birth to Three Program

Select Committee on Children
February 14, 2013

Senator Bartolomeo, Representative Urban, Distinguished Members of the Select Committee on Children:

The mandate of the Office of the Child Advocate (OCA) includes evaluating the delivery of state funded services to children and advocating for policies and practices that promote their well being and protect their special rights. Over 50% of the work we do—including responding to individual calls for assistance or information, and individual and systemic advocacy-- seeks to improve access to developmental health services for children and monitor the emotional, behavioral and overall health system supports for children and their families, across the lifespan. Most of the children, adolescents and young adults with whom we work directly are either placed in hospitals or residential treatment facilities, committed to psychiatric hospitals, or incarcerated within the juvenile justice or adult corrections systems. The overwhelming majority were involved with the Department of Children and Families at some point in their lives, and many of them were involved when they were infants or toddlers.

1. SB 652 will ensure that children at higher risk for developmental delays—children who are neglected or abused—will be referred to the appropriate agency for assessment

National data indicate that children referred to the child welfare system have high developmental and behavioral health need, regardless of the level of child welfare system involvement.[1] The National Survey of Child and Adolescent Well-Being reported that over **40% of three year olds** involved with the child welfare system were in need of special education services due to developmental delay or an established medical condition.[2] **55%** of children under the age of

[1] Stahmer, Leslie, Hurlburt et al, *Developmental and Behavioral Needs and Service Use for Young Children in Child Welfare,* Pediatrics, Vol. 116, No. 4, October 1, 2005.
[2] National Survey of Child and Adolescent Wellbeing Issue Brief, No. 8: Need for Early Intervention Services Among Infants and Toddlers in Child Welfare, Available at: National Data Archive on Child Abuse and Neglect (NDACAN) Cornell University, ndacan@cornell.edu Administration for Children and Families (ACF, OPRE)

three with substantiated cases of maltreatment are subject to at least five risk factors associated with poorer developmental outcomes.[3]

For Connecticut's most at-risk children in the state—children who are abused and neglected—the Birth to Three program should be a robust part of a comprehensive developmental health system response. According to DDS, in 2011 there were 8,603 referrals. 60% of the children evaluated each year are eligible. Yet recent data from DCF and DDS indicates that abused and neglected babies and toddlers in Connecticut are significantly under referred to Birth to Three, with only **10%** of the roughly 3000 abused and neglected children even being referred for evaluations annually, and only a little over **5% of children coming into the child welfare system each year actually receiving services**.[4]

2. **Automatic referral to B-3 would help to decrease the incidence of very traumatized and emotionally ill children in the "deepest end" of state services**

While "early intervention services" in the Birth to Three program can include services to address the social and emotional developmental needs of an infant or toddler, current practice in Connecticut tends to concentrate Birth to Three services to a more restricted profile of developmental interventions, especially those by speech and language pathologists, special educators, and occupational and physical therapists.[5]

Automatic referral of babies and toddlers who are abused or neglected is appropriate to help ensure earlier identification and treatment for all developmental delays, including emotional/behavioral health concerns, and begin the process of appropriate integrated health services across the lifespan. The OCA has significant experience investigating the circumstances of children with the most severe needs in the service delivery system—in residential facilities and hospitals which provide the most intensive, restrictive and expensive care-- whose life course may well have been changed if their special needs had been identified early and appropriate services provided within their home, community and school, which are the natural environments for all children and essential for their health and well being.

Wise public policy dictates supporting a child's optimal social-emotional development from birth. The most cost-effective approach to optimal mental health is to start in the earliest years to promote healthy brain development and strong and nurturing attachments. Connecticut has a foundation for this approach through many initiatives including the "public/private partnership" (State Department of Education, William Caspar Graustein Memorial Fund, Children's Fund and local funders), and a number of strong outreach, screening, prevention, and clinical mental health

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http://www.acf.hhs.gov/programs/opre/abuse_neglect/nscaw/; see also Taletha Mae Derrington and John A. Lippitt, "State-Level Impact of Mandated Referrals From Child Welfare to Part C Early Intervention." *Topics in Early Childhood Special Education* 28, no. 2 (2008): 90. http://cmx.sagepub.com/cgi/content/abstract/13/3/245.

[3] Institute of Social and Economic Development, "Developmental Status and Early Intervention Service Needs of Neglected and Maltreated Children," p. vi (April 2008), (Final Report Submitted to U.S. Department of Health and Human Services).

4 *See* January 28, 2013 email from Linda Goodman, Director of Connecticut Birth to Three to Alexandra Dufresne, Staff Attorney at Center for Children's Advocacy (reporting that there were 280 children referred by DCF and 53 children referred by foster parents – for a total of 333 children – but that only 297 of these "became referrals" and only 155 were found eligible). Over a three year time period, data suggests that 30% of children may be referred to an early intervention evaluation.

[5] See DDS presentation, "IDEA Part C: The Connecticut Birth to Three System", to Early Childhood Education Cabinet, October 2011.

programs for our youngest children including Child FIRST, Early Childhood Consultation Partnership (ECCP), Early Head Start, Home Visitation programs and Help me Grow. Yet abused and neglected children-- by virtue of their families' challenges which contribute to abuse and neglect—have the least access to these programs, because they are voluntary and require a sufficiently connected and competent parent or guardian to engage them. Therefore, automatic referral—taking the "optional" out of the equation for this particularly vulnerable population—is necessary.

Through automatic referral, the state's Birth to Three program could potentially reach many children and families at significant risk, and be an integral part of an overall developmentally-focused health system meeting the needs of high risk babies and young children before they enter preschool and early learning programs.

3. Early identification and treatment is the most cost effective—in terms of human potential and government resources

Intervening in the very early years for babies and toddlers not only effectively addresses developmental and cognitive deficits, but can also save state and municipal systems thousands of service dollars for each child served.[6] Data also show that starting services at birth for at risk children resulted in more significant savings than if the services began when the child was school-age.[7] Many of the older children for whom the OCA advocates now live in the most intensive, restrictive and costly residential facilities, including the state's psychiatric hospital for children which costs well over $800,000 per child per year. But the costs in suffering, hopelessness and loss of potential for these children cannot even be measured.

Thank you for the opportunity to provide testimony.

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6 *See generally* Governor's Early Childhood Research & Policy Council, "Ready by 5 and Fine by 9: Connecticut's Early Childhood Investment Plan (Part I)" (February 2007), p. 15 (noting that early intervention services have positive results for children including "improved short term and long term academic achievement, reductions in grade retentions, and reductions in special education referrals") (citing multiple studies and recommending expansion of eligibility criteria for Connecticut's Birth to Three program to include infants and toddlers with "environmental risk" factors, commonly considered to include substantiated abuse or neglect).

7 M.E. Wood, "Costs of Intervention Programs." Corinne Garland, Nancy W. Stone, Jennie Swanson, and Geneva Woodruff, eds., Early Intervention for Children with Special Needs and Their Families: Findings and Recommendations. Westar Series Paper No. 11 (ED 207 208), Seattle: University of Washington, 1981.